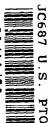


02/13/02



JC687 U.S. PTO

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PTO/SB/06 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

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20/13/02

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. J-2929A
First Inventor James C. Pawloski
Title Method for Laminating Closure Member to Film
Express Mail Label No. EV 066121256 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS		ADDRESS TO:
See MPEP chapter 800 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Indicate on separate sheet a duplicate copy for fee in a separate envelope)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 48] (preferred arrangement see form below)	a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention	b. Specification Sequence Listing on:	
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention	ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the Invention	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings (if filed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney	
- Detailed Description	11. <input type="checkbox"/> English Translation Document (if applicable)	
- Claim(s)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
- Abstract of the Disclosure	13. <input type="checkbox"/> Preliminary Amendment	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 14]	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
5. Oath or Declaration [Total Pages 2]	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (or continuation/divisional with Box 18 completed)	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
b. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(e)(2) and 1.32(c)	17. <input type="checkbox"/> Other:	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No. 09 640.402
Prior application information. Examiner Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	or <input type="checkbox"/> Correspondence address below	
Name	28165	
Address	PATENT TRADEMARK OFFICE	
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Richard T. Roche	Registration No. (Attorney/Agent)	38,599
Signature	<i>Richard T. Roche</i>	Date	2-13-02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs at the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 998.00)

Complete if Known

Application Number _____
 Filing Date _____ Filed Herewith
 First Named Inventor James C. Pawloski
 Examiner Name _____
 Group Art Unit _____
 Attorney Docket No. J-2929A

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to
- Deposit Account Number 17-0055
- Deposit Account Name Quarles & Brady LLP
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status See 37 CFR 1.27

2. Payment Enclosed:
- ☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1) (\$ 740.00)					

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
25	-20** = 5	18	90.00
5	-3** = 2	84	168.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 258.00)

**for number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,980	228	990	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	160	126	160	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
SUBTOTAL (3) (\$ 0.00)					

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type) Richard T. Roche

Registration No. (Attorney/Agent)

38,599

Complete (if applicable)

Telephone 414-277-5805

Signature

Richard T. Roche

Date

2-13-02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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